## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number 10/5/3915

|                             |  | CLAIMS  | AS FILED -                                  | PART                               |                       |   |          | SMALL EN           | TITY                   | ·    | OTHE                | R THAN   |
|-----------------------------|--|---|---|------------------------------------|-----------------------|---|----------|--------------------|------------------------|------|---------------------|--|
| <u> </u>                    |  |   | (Colum                                      | n 1)                               |                       | (Column 2)  |          | TYPE               |                        | OR   |                     | ENTITY   |
| U.S                         | S. NATIONAL                                    | STAGE FEES  |   |                                    |                       |   |          | RATE               | FEE                    | 7    | RATE                | FEE  |
| BAS                         | SIC FEE  |   | SMALL ENT. = \$ 150                         |                                    | i                     | GE ENT. = \$ 300  |          | BASIC FEE          |                        | OR   | BASIC FEE           | -  |
| EXAMINATION FEE             |  |   | Satisfies PCT A<br>(4) = \$50               | /\$ 100                            |                       | ther situations =<br>100 / \$ 200                           |          | EXAM. FEE          | 1                      | 1    | EXAM. FEE           | 1  |
| SEARCH FEE                  |  |   | All other situati<br>Search F<br>= \$ 250 / | ₹pt.)                              | ALL                   | ISA = \$50 / \$ 100<br>other countries =<br>\$ 200 / \$ 400 |          | SEARCH FEE         |                        |      | SEARCH FEE          | <del> </del>                                     |
| FEE                         | FOR EXTRA                                      | SPEC. PGS.  | minus 100 =                                 |                                    |                       | / 50 =  | Ī        | X \$ 125 =         |                        | 1    | X \$ 250 =          | 1  |
| TOT                         | AL CHARGEA                                     | BLE CLAIMS  | Min min                                     | nus 20 =                           | *                     |   | Ī        | X \$ 25 =          | <del> </del>           | OR   | X \$ 50 =           | <del> </del>                                     |
| IND                         | EPENDENT CL                                    | AIMS  | 3 m   | inus 3 =                           | *                     |   | Ī        | X \$ 100 =         |                        | OR   | X \$ 200 =          | <del>                                     </del> |
| MUL                         | TIPLE DEPEN                                    | DENT CLAIM PR   | ESENT                                       |                                    |                       |   | Ī        | + \$ 180 =         | <u> </u>               | OR   | + \$ 360 =          | <del>                                     </del> |
| * If                        | the difference                                 | in column 1 is  | less than zero                              | , enter "0                         | " in co               | lumn 2  | L        | TOTAL              |                        | OR   | TOTAL               | <del> </del>                                     |
| CLAIMS AS AMENDED - PART II |  |   |   |                                    |                       |   | <b>,</b> | SMALL E            | NTITY                  | OR   | OTHER<br>SMALL I    |  |
| AMENDMENT A                 |  | REMAINING<br>AFTER<br>AMENDMENT   | :   | NUME<br>PREVIO<br>PAID F           | BER<br>USLY           | PRESENT<br>EXTRA  |          | RATE               | ADDI-<br>TIONAL<br>FEE |      | RATE                | ADDI-<br>TIONAL<br>FEE                           |
|                             | Total  | *   | Minus                                       | **                                 |                       | =   |          | X \$ 25 =          |                        | OR   | X \$ 50 =           |  |
|                             | Independent                                    | *   | Minus                                       | ***                                |                       | =   | L        | X \$ 100 =         |                        | OR   | X \$ 200 =          |  |
|                             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                                    |                       |   | L        | + \$ 180 =         |                        | OR   | + \$ 360 =          |  |
|                             |  |   |   |                                    |                       |   | T        | OTAL ADDIT.<br>FFF |                        | OR   | TOTAL ADDIT.<br>FFF |  |
|                             |  | (Column 1)  |   | (Colum                             |                       | (Column 3)  |          |                    |                        |      |                     |  |
|                             |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |   | HIGHE<br>NUMB<br>PREVIOU<br>PAID F | ER<br>JSLY            | PRESENT<br>EXTRA  |          | RATE               | ADDI-<br>TIONAL<br>FEE |      | RATE                | ADDI-<br>TIONAL<br>FEE                           |
|                             | Total  | *   | Minus                                       | **                                 |                       |   |          | X \$ 25 =          |                        | OR   | X \$ 50 =           | ·····  |
|                             | Independent                                    | *   | Minus                                       | ***                                |                       | =   |          | X \$ 100 =         |                        | OR   | X \$ 200 =          |  |
|                             | FIRST PRES                                     | ENTATION OF M   | ULTIPLE DEPE                                | NDENT C                            | LAIM                  |   |          | + \$ 180 =         |                        | OR   | + \$ 360 =          |  |
|                             |  |   |   |                                    |                       |   | T        | OTAL ADDIT:        |                        | OR L | TOTAL ADDIT.        |  |
| ***                         | lf the "Highest Nu<br>If the "Highest Nu       | mn 1 is less than the<br>mber Previously Paic<br>mber Previously Paid<br>nber Previously Paid | d For" IN THIS SPA<br>d For" IN THIS SPA    | ACE is less t                      | than '20'<br>than '3' | , enter "20".<br>enter "3"                                  |          | FFF <b>L</b>       | in column 4            | OR . | TOTAL ADDIT.<br>FFF |  |